

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

34616  
Do not use this space.

NOV 13 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 791

(b) Township Jackson Primary Registration District No. 1003

(c) City Jackson (d) Street No. Butherford Hospital St. 9154  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN H DITTMER 351

(a) Residence, No. NR Hillsboro Mo. St. NR  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Dittmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15-1895

7. AGE YEARS 44 MONTHS 7 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Goldman (STATE OR COUNTRY) Mo.

13. NAME Henry Dittmer

14. BIRTHPLACE (CITY OR TOWN) Hillsboro (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rosa Shaw

16. BIRTHPLACE (CITY OR TOWN) Hillsboro (STATE OR COUNTRY) Mo.

17. INFORMANT Harry Steinhach (ADDRESS) 1114 1/2 W. 1st St. Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jarvis Mo. DATE Oct 28 1939

19. FUNERAL DIRECTOR (NAME) Heiligta Funeral Home (ADDRESS) 1100 N. 1st St. Jackson Mo.

20. FILED OCT 20 1939 J. F. Bredich Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1939, to October 25, 1939

I last saw him alive on October 25, 1939. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Staphylococci Septicemia with mediastinum involvement

Date of onset 10/23/39

Other contributory causes of importance: Corbuncle right side of neck and furunculosis

Date of 10/21/39

Name of operation none Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -  
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) Walter Stein, M. D.  
(Address) Jess, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 1 1945

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John Ketter  
Licensed Embalmer No. 3880

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**